

MICHIGAN DEPARTMENT OF CIVIL SERVICE
DIVISION FOR HUMAN RESOURCE TRAINING AND DEVELOPMENT
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TRAINING REQUESTS

This form is to be completed by registrars <u>only</u> and may be submitted via mail, fax, or e-mail to an address above in the event of a computer system problem or failure.							
AGENCY REGISTRAR				REGISTRAR TELEPHONE		REGISTRAR E-MAIL	
DEPARTMENT				DIVISION		DATE OF REQUEST	
Check all that apply.	COURSE ID	SESSION NO.	COURSE DATE (mm/dd/yyyy)	COURSE TITLE	AGENCY INDEX/PCA*		EMPLOYEE NAME AND ID NO.
<input type="checkbox"/> Register <input type="checkbox"/> Cancel <input type="checkbox"/> Prepay					INDEX	PCA	NAME
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* Leave blank if prepay is checked.